



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3349

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER 10/637,847 | FILING DATE 08/07/2003 RULE | CLASS 422 | GROUP ART UNIT 1722 | ATTORNEY DOCKET NO. 20174C-004940 |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

APPLICANTS

Carl L. Hansen, Pasadena, CA;

Morten Sommer, Copenhagen NV, DENMARK;
 Stephen R. Quake, San Marino, CA;

** CONTINUING DATA *****

This application is a CIP of 10/117,978 04/05/2002
 which claims benefit of 60/323,524 09/17/2001
 and is a CIP of 09/887,997 06/22/2001
 which is a CIP of 09/826,583 04/06/2001 PAT 6,899,137
 This application 10/637,847
 is a CIP of 10/265,473 10/04/2002
 and claims benefit of 60/447,157 02/12/2003
 and claims benefit of 60/433,160 12/13/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/03/2003

| | | | | |
|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 63 | TOTAL CLAIMS 51 | INDEPENDENT CLAIMS 6 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

ADDRESS

20350
 TOWNSEND AND TOWNSEND AND CREW, LLP
 TWO EMBARCADERO CENTER
 EIGHTH FLOOR
 SAN FRANCISCO , CA
 94111-3834

TITLE

Microfluidic protein crystallography

| | | |
|--|--|--|
| FILING FEE RECEIVED 845 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|--|--|--|